EPISODIC MENTAL STATES AND BORDER-LINE CONDITIONS IN PSYCHIATRY. *

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In our consideration of supposed mental abnormalities we are at once confronted by the lack of a standard of mental normality. On account of our want of intimate knowledge of those processes which are the basis of the manifestations which we bring together under the name of mind, it seems improbable that such a standard can ever be more than relative and it must vary with the period, the race, the social status and the educational advantages enjoyed by the individual under consideration. Dependent upon variations in these factors and especially with the social conditions, there occur fluctuations in the mental state, affecting not only individuals, but groups and peoples, spreading as it were by contagion and swinging far to the pathological side in the less stable members of the community.

Equally do such variations occur in the course of diseases, not only of the brain, but of other organs. The psychopathology of somatic disease is yet to be written, but this much we know, namely, that we do not find one kind of psychosis in infectious diseases, another in diseases of the heart, a third in diseases of the digestive tract, etc. Rather does it appear that the type of psychic reaction depends upon the individual make-up, one person showing a disturbance of manic form, another stupor or delirium, still another catatonia, etc.

On practical grounds we have found it desirable to divide mental diseases into certain fairly defined clinical types. One common characteristic of all of these is the tendency to run a course, not of days or weeks like somatic diseases, but of months and years. In all of them this course may be broken by sudden fluctuations in the mental state, or episodes, which change the picture for the time being, but are of limited duration only. It is quite possible for similar episodes to occur apart from a recognized psychosis, in connection with the causes mentioned above, and under such conditions their evaluation may present some difficulty.

How frequently do such episodes occur?

Everyone is subject to variations in his affective condition. The exaltation of good fortune, the depression of ill luck or domestic bereavement may well attain a pathological intensity, but such reactions are expected under the circumstances and if not too prolonged do not take the patient across the border-line between sanity and insanity. Finding a person in an affective state far above or below the base line of health, our inquiry is as to its motivation. The pathological affects are insufficiently motivated, intense and prolonged.

Clouding of consciousness is an everyday problem of internal medicine, occurring not only in diseases of the brain but in those of other organs. It is to be emphasized, however, that confusion and delirium are common episodes in epilepsy and the psychoneuroses, which may impress no immediately recognizable stamp upon the clinical features of the case and may require accurate history and careful consideration. The medico-legal importance of such episodes is of the greatest.

Fallacious perceptions may occur in states of abstraction, in half sleep (hypnagog hallucinations), under the influence of drugs or of intense emotion, and while border-line phenomena are not conclusive as to mental unbalance; it is not their occurrence, but their reception without correction and incorporation into the personality, that stamps the case as a psychosis.

Most of us hold as false, many of the opinions of our fellows, and nothing is more difficult to decide than whether more or less improbable statements are the result of delusions or not. It is not the falsity of an idea, but the fact that it cannot be corrected, even in the face of overwhelming proof to the contrary, that constitutes the insane delusion. The emotional condition under which it originated exercises a decisive influence upon the tenacity with which an idea is held and the urgency of its insistence. Ideas which most move the populace are usually the product of the emotions, rather than of knowledge and logical deduction and proceed from individuals of high affectivity.

Vivid or long-sustained impressions with strong affective tone, are apt to be followed by "hyperquantivalent ideas," that is, ideas not unnatural in their origin, but of an intensity and persistence so pathological as to cause the subject to react in a manner essentially abnormal; for example, suicide by a person who has lost a beloved one, assault by the victim of an accident upon someone whom he holds responsible for a denial of just compensation, etc. While hyperquantivalent ideas develop within the mind of the individual and are recognized by him as part of himself, "autochthonous ideas" appearing as sudden episodes, force their way into the consciousness as something foreign, coming from without and may serve as the starting point for explanatory attempts, in which unseen influences set in motion by the physician or someone else are accused and the development of a system of persecutory delusions is begun.

Allied to the above phenomena are "imperative ideas" or obsessions, which, arising like the doubts, fears and impulses which inopportunely intrude themselves into the mind of everyone, in psychopathic individuals reach such a degree of intensity as to dominate the personality and life of the sufferer, incapacitating him from duties and pleasures alike.

These furnish an example par excellence of episodic mental states, for they are seldom continuous but burst in upon the patient with overwhelming suddenness and force. He himself recognizes them as the veritable though pathological product of his own psyche, may make agonized resistance, but in the end yields to them, experiencing thereby a sense of relief. Apart from his paroxysms he may impress those surrounding him as a normal and agreeable person. These pathological doubts and fears may attach themselves to anything, material or metaphysical (examples: agoraphobia, fear of open spaces; mysophobia, fear of pollution; onomatomania, domination by a search for, or desire to repeat, a certain word—religious doubts as to God and the Hereafter), etc., etc.

* Read before the Forty-ninth Annual Meeting of the Medical Society of the State of California, Santa Barbara, May, 1920.

Sudden impulsons to drink, to steal, to throw oneself from a height, etc., are phenomena allied to the above. In the most extreme form of this malady the patient can decide nothing, fears everything, the so-called "Doubting mania" ("Folie du doute avec délire de toucher").

While in a person without hereditary tare, psychopathologic episodes may, under exceptional stress, occur, such manifestations are rare in the mentally robust. Correspondingly frequent are they in the large class of constitutional psychopaths. Every physician who is sufficiently observant will notice among his patients people who, while not in strictness insane, differ from the normal in their ability to adapt themselves to the situations of everyday life. They are not mentally defective according to accepted standards, can reason fairly well up to a certain point, but are unable to make sustained effort and their affectivity is too high, influencing inordinately their views and their conduct. Subject to constant fluctuation between depression and exaltation, their mental state seldom remains long near the baseline of health.

These are the cases of constitutional depression or exaltation. The depressed phase is characterized by ideas of unworthiness or remorse or by hypochondriacal fancies about the health, which it is imagined is seriously impaired through influences more or less banal. In their wretchedness the victims readily grasp for drugs or for alcohol, adding other deleterious factors which, though pounced upon by solicitous relatives—bound to keep the family skeleton in the closet—are really secondary in their etiological importance.

In the exalted phase, beautiful ideas, not only of improving his own condition, but for reforming the community or the world, fill the mind of the patient, but having no solid background of information and judgment and the pressure of the activating effect soon falling off, they are never carried out but fail at the first obstacle, strengthening him in his opinion as to his own unworthiness or on the other hand raising in him suspicions that his failure may be due to unjustified opposition on the part of his family or officials, to secret influences or what not, which become the initial link in a long chain of persecutory ideas, leading, if uncorrected, to a paranoid state.

The psychopathic constitution is the border-line condition par excellence. Its relations to the psychoneuroses, neurasthenia and hysteria, on the one hand, to the manic-depressive psychosis and paranoia, on the other, and a certain puerilism which points out that its victims are in mental development really at a stage between the moron and the fully-developed adult, are as obvious as are the differences which separate it from each one of these conditions. Of this defective constitution are a large proportion, not only of the harmless cranks and pseudo-reformers, but also of the pathological liars and swindlers and many habitual criminals and prostitutes.

The rich psychopath wastes his time and substance on one foolish project after another or flits from doctor to doctor, from sanitarium to sanitarium; the poor one drifts along as a "ne'er do well," resorts to alcohol or drugs, all too easily falls into bad company, and in the end takes what seems the easiest path, and is enmeshed in a criminal career.

The frequency of this condition, long known to psychiatrists, has been recently emphasized by our war experience and it has been amply demonstrated that men of this constitution are unfit for military service, being a liability, not an asset.

Episodic mental disturbances, often a medico-legal problem in civil life, are doubly important in the military establishment. Many sudden infractions of discipline, especially desertions, are due to this cause, and doubtless not a few unfortunates have been summarily punished for offenses committed during temporary mental aberration. The importance of psychiatry in the army has been fully proved, and while the service of the psychiatrists called for no theatrical heroism, it was none the less conscientious and useful.

In considering an episodic mental disturbance, complete previous history and thorough study may be necessary to elucidate its relationships.

In the first line we think of epilepsy, but in the absence of any definite evidence of convulsive seizures or petit mal, though the mental make-up may be very suggestive, it is hardly justifiable to diagnose this disease.

The stigmata of the psychoneuroses are not always evident, but careful history and study of the circumstances preceding and surrounding the episode, with consideration of the mental make-up of the individual, may elucidate the connection. The terrific experiences of the battle front are naturally a most potent cause, and military psychiatrists have found that a very large proportion of episodic disturbances seen in soldiers arise upon a basis of hysteria. We see such cases far from infrequently in connection with the shocks and stresses of civil life.

The obsessive phenomena are generally considered as belonging to the psychoneuroses, have been usually attached to "psychasthenia."

Short confusional conditions should be investigated medically and psychologically. They may be due to somatic causes, to the neuroses; often they are abortive manic-depressive manifestations. The writer recently observed a man who had periods of confusion lasting five or six days on an average of once a month.

Neurosyphilis, especially in the form of general paresis, should share with epilepsy our first thought, though the presence of a positive Wassermann reaction should not deter us from considering possibly more important factors. Other organic psychoses give general and neurological symptoms.

Dementia precox begins most insidiously and is at the start most difficult to diagnose. The inclusion of a case into this category is seldom justified without accurate history or prolonged observation.

A characteristic of the psychopathic personality is that realization of disease is seldom absent unless, perhaps, during the height of the disturbance.

The prognosis in a mental episode is naturally dependent upon its cause. In the organic psychoses it is unfavorable in manic-depressive, good for the individual attack but recurrence likely.

In the psychoneuroses and in the psychopathic

constitution, the outlook is good as to the passing of the incident, and suitable manner of life may tend to limit the recurrences, but the underlying make-up remains. How much such people can be educated into self-control and usefulness is not yet demonstrated. As it is, they are misfits in most existing institutions, since they are neither insane nor feeble-minded, and the mainly medical treatment in vogue in sanitaria for nervous diseases often has the effect of confirming notions of invalidism and self-indulgence. The newer strivings after a standardized psychodiagnosis and psychotherapy, amid the mass of ill-supported assumptions and doubtful recommendations, are gradually uncovering useful facts, and hope for the future seems to lie more in the application of what is learned from the study of the psychology of the individual than from the further elaboration of strictly medical treatment. Special institutions, chiefly educational and disciplinary, though always under medical control, would seem to offer the best prospects for making useful citizens out of this large and unfortunate class of the community.

FOR BETTER TREATMENT FOR CRIPPLED CHILDREN

By HARRY LESLIE LANGNECKER, M. D., San Francisco.

The adoption and favorable working of the Educational Amendment, which particularly relates to more adequate facilities in the education of these handicapped children in this state, would solve an important problem confronting the people at the present time. Special provision must be made for the education of these children. Because of some physical deformity, attendance at the regular public schools means difficulty in transportation; over-exertion and bodily strain in the use of poorly-adjustable school furniture; insufficient food allowances and the exhausting study periods. Physicians and child welfare workers most emphatically endorse any enactment of reasonable measures which will permit the proper training with the least suffering and hindrance toward the improvement of such deformities. Methods along these lines have been utilized with great benefit in other cities. Therefore, such measures are not in the experimental stage. Your interest and aid in the support of these measures signify the greatest assistance to these crippled children.

EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

By JOHN C. KING, M. D., Banning, Cal.

Some time ago a paper was printed in a prominent medical journal savagely attacking tuberculosis specialists, particularly those who conduct sanatoria. The author, who had attained the rank of Colonel, was a surgeon in the regular army. He claimed he had been examined; pronounced the victim of incipient tuberculosis; sent to a sanatorium for six months and then discharged cured. He further claimed he had never had tuberculosis; that, because of faulty diagnosis, he had been subjected to unnecessary mental distress and financial sacrifice; and furthermore, that a large number of sanatorium inmates are suffering from similar injustice. Twenty years ago an Indian, named Siguando, came under my care for serious tuberculosis. He had hemorrhages, cavities, fever, T. B. in his sputum. He completely recovered. Every year or two he comes to my office for a chat, and always jokes about my mistake when I pronounced him consumptive, assuming that had I been correct he would have died.

The Colonel and the Indian are about on a par. Many army doctors have accepted the view that the diagnosis of pulmonary tuberculosis must not be made until evident signs appear in the lungs. This may be a wise rule to apply to drafted men, from a government standpoint. However, we have had a number of soldiers in our sanatorium. Roughly speaking, there have been two classes. To illustrate: An enlisted man passed the Los Angeles board, was sent to Camp Kearney, passed again and put to work. In a couple of months he felt run down, reported at sick call, was given a purge and told he was all right. He had difficulty in doing his work, was joked about shirking but strove to keep up. A few weeks later he put up streaks of blood; reported again at sick call, was examined and laughed at. Later he coughed up a tablespoonful or more of blood. He was then examined by several medical officers, told his lungs were sound and ordered back to full duty. Some months later he was discharged because of advanced tuberculosis. When I saw him he was beyond hope. Another, a drafted man, passed a board in Utah, was sent to Kearney, passed there and put to work. Some weeks later a specialist examined him, with a bunch of others. He was ordered to report for further study and a short time after was discharged. After leaving the army his personal physician sent him to me. It required a week's study for me to determine the fact of his tuberculosis. After a few months of careful treatment he recovered. Another example: A physician in Berkeley has for years been sending occasional patients to our sanatorium. With one exception they have all recovered. He has the faculty of making a very early diagnosis. During the same years a professor in one of our leading medical colleges has been sending patients to me. All of them have died. This gentleman is very expert in his own specialty but does not recognize early tuberculosis. The importance of early recognition is obvious. My personal errors have convinced me of the difficulties surrounding this problem.

At the 1919 meeting of the A. M. A. Dr. Geo. T. Palmer read an illuminating paper to which I invite your attention, although most of you must be familiar with it. Palmer claimed that, from the standpoint of preventive medicine, discovery of the organism causing a disease postulates reduction of the prevalence and mortality of that disease. For proof he refers to our great or less control of malaria, diphtheria, typhoid and yellow fever. With the T. B. our experience has been different. It is forty years since the germ was discovered. For thirty years an organized effort has been made to combat it. For fifteen years an intensive crusade against it has been conducted by national, state and local anti-tuberculosis leagues and other agencies. The results have been